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Effective on 12/08/2004.				Complete if Known Application Number 10/582.482-Conf. #2201				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			<u> </u> —	Application Number				
FEE TRANSMITTAL			_	Filing Date June 14, 200				
For FY 2009			_	irst Named Inv		Christopher Toumazou		
			╌┦╌			Not Yet Assig	ned	
Applicant claims small entity status See 37 CFR 1 27				Art Unit 3736				
YOTAL AMOUNT OF PAYMENT (\$) 220.00				Attorney Docket No. 18655-232590				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number 22-0261 Deposit Account Name. Venable LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1 16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEAF	CH, AND EX	AMINATION FEES					·	
	FIL	ING FEES	SEAF	RCH FEES	EXAMIN	IATION FEES	3	
Application Type	Fee (\$)	Small Entity Fee (\$)	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEE	S							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (inc	=						52	26
Each independent claim				220	110			
Multiple dependent clair	ms						390	195
Total Claims o - 20 or HP	Extra Claims	Fee (\$)	Fee Paid (\$)			Multiple Dependent Claims		
HP = highest number of total		x 52.00 = _		0.00	Fee (\$)		<u>Fee Pald (</u>	<u>\$)</u>
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)				_
5 -3 or HP =		× 220.00 =		20.00				
HP = highest number of inde		oald for, if greater than 3	-					
3. APPLICATION SIZE	FEE							
If the specification and	drawings exc	eed 100 sheets of p	aper (e:	coluding electro	onically fil	ed sequence or	computer	
listings under 37 CI sheets or fraction th					or small er	itity) for each a	idditional S	50
Total Sheets	Extra Sheets			itional 50 or frac	tion thereo	f <u>Fee (\$)</u>	Fee	Paid (\$)
· -		/50 =					=	1 4.4 (4)
4. OTHER FEE(S)		_ <del>_</del>					Fees	Paid (\$)
Non-English Specific	cation, \$130	fee (no small entity	discou	nt)				
Other (e.g., late filing	g surcharge):							
SUBMITTED BY	<del>7 ==</del> =	10 00						
Signature	and	I Stalla		egistration No. ttorney/Agent)	42,459	Telephone	(202) 34	14-4362
Name (Print/Type) Herry	J. Daley	- Will		Date July 2, 2009				
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	$\nu$	V						

I hereby certify that this paper (along with any paper refisystem in accordance with § 1.6(a)(4)	erred to as being attached or enclosed) is being transmitted via the Office electronic filing
Dated. July 2, 2009	Signature Marchyn R. Onerhen (Marilyn R Overheu)